



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 437
LOS ANGELES, CA 90012



MARK J. SALADINO

TREASURER AND TAX COLLECTOR

October 08, 2013

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

ADOPTED

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

35 October 8, 2013

Sachi A. Hamai
SACHI A. HAMAI
EXECUTIVE OFFICER

**DEPARTMENT OF TREASURER AND TAX COLLECTOR
REQUEST TO ACCEPT COMPROMISE OFFERS OF SETTLEMENT
(ALL DISTRICTS AFFECTED)
(3 VOTES)**

SUBJECT

Individuals who were injured in a third party compensatory accident received medical care at a County facility. The Treasurer and Tax Collector entered into negotiations with the liable parties and reached a settlement agreement.

IT IS RECOMMENDED THAT THE BOARD:

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the compromise offers of settlement from the following individuals who were injured in a third party compensatory accident and who received medical care at a County facility:

1. Account Number 12728799 in amount of \$5,000.00
2. Account Number 12628357 in amount of \$5,721.93
3. Account Number 12631767 in amount of \$11,382.11
4. Account Number 12730208 in amount of \$15,089.84
5. Account Number 12413602/12611834 in amount of \$3,854.41
6. Account Number 12680156 in amount of \$27,138.52
7. Account Number 12611325/12728605 in amount of \$29,404.61

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

The best interest of the County would be served by the approval of this recommendation and the County Counsel concurs. The compromise offers of settlement are recommended because the patients, estates, or legally responsible relatives are unable to pay the charges.

Implementation of Strategic Plan Goals

This action is consistent with the Countywide Strategic Plan Goal of Fiscal Sustainability in pursuing collection of charges owed for County services.

Strategic Asset Management Principles Compliance

Not applicable.

FISCAL IMPACT/FINANCING

The County will recover partial payment from a third party against debts, otherwise uncollectible due to the limited financial resources of the individuals who received the medical care.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Not applicable.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

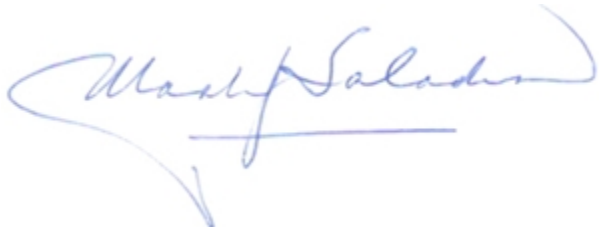
No Impact.

The Honorable Board of Supervisors

10/8/2013

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Respectfully submitted,

A handwritten signature in blue ink, reading "Mark J. Saladino". The signature is fluid and cursive, with a horizontal line drawn underneath the name.

MARK J. SALADINO

Treasurer and Tax Collector

MJS:FR:apl

Enclosures

c: Chief Executive Officer
Auditor-Controller
County Counsel

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.126A

Amount of Aid	\$40,047.00	Account Number	12728799
Amount Paid	0.00	Name	Adult Male
Balance Due	40,047.00	Service Date	11/24/12 thru 01/07/13
Compromise Amount Offered	5,000.00	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$35,047.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at Harbor UCLA Medical Center at a cost of \$40,047.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Attorney Cost	0.00	0.00	0.00%
County of Los Angeles	40,047.00	5,000.00	33.33%
Net to Client	N/A	5,000.00	33.34%
Total	\$45,047.00	\$15,000.00	100.00%

Our financial investigation reveals that the client earns a minimum income as a United States Marine Corp Reservist. He also receives financial support from his parents. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.126B

Amount of Aid	\$48,749.00	Account Number	12628357
Amount Paid	0.00	Name	Adult Male
Balance Due	48,749.00	Service Date	06/16/11 thru 06/30/11
Compromise Amount Offered	5,721.93	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$43,027.07	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in a stabbing incident. He was treated at Harbor UCLA Medical Center at a cost of \$48,749.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$17,500.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,833.00	\$ 5,833.00	33.33%
Attorney Cost	0.00	0.00	0.00%
Southland Spine & Rehab.	950.00	111.15	0.63%
County of Los Angeles	48,749.00	5,721.93	32.70%
Net to Client	N/A	5,833.92	33.34%
Total	\$55,532.00	\$17,500.00	100.00%

Our financial investigation reveals that the client is unemployed and is supported by his parents. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 126C

Amount of Aid	\$68,763.00	Account Number	12631767
Amount Paid	0.00	Name	Adult Male
Balance Due	68,763.00	Service Date	06/14/11 thru 12/23/11
Compromise Amount Offered	11,382.11	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$57,380.89	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at Harbor UCLA Medical Center at a cost of \$68,763.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$65,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$21,266.66	\$21,266.66	32.72%
Attorney Costs	1,151.22	1,151.22	1.77%
Long Beach Memorial	59,804.75	9,880.00	15.20%
County of Los Angeles	68,763.00	11,382.11	17.51%
Net to Client	NA	21,320.01	32.80%
Total	\$150,985.63	\$65,000.00	100.00%

Our financial investigation reveals that the client is unemployed and is supported by his family. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.126D

Amount of Aid	\$287,655.00	Account Number	12730208
Amount Paid	0.00	Name	Adult Male
Balance Due	287,655.00	Service Date	06/18/12 thru 11/07/12
Compromise Amount Offered	15,089.84	Facility	LAC USC Medical Center
Amount to be Written Off	\$272,565.16	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$287,655.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$50,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 22,500.00	\$ 22,500.00	45.00%
Attorney Cost	3,565.00	3,565.00	7.13%
City of Los Angeles Fire Department	1,420.25	1,420.25	2.84%
Kevin Aminian, M.D.	2,575.00	1,000.00	2.00%
Arthur Kreitenburg, M.D.	3,427.00	1,500.00	3.00%
County of Los Angeles	287,655.00	15,089.84	30.18%
Net to Client	N/A	4,924.91	9.85%
Total	\$321,142.25	\$50,000.00	100.00%

Our financial investigation reveals that the client supports himself with General Relief benefits and Food Stamps. The Department of Public Social Services has been notified of the pending settlement. He resides with his daughter. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.126E

Amount of Aid	\$ 39,528.00	Account Number	12413602/12611834
Amount Paid	0.00	Name	Adult Male
Balance Due	39,528.00	Service Date	11/10/10 thru 02/17/12
Compromise Amount Offered	3,854.41	Facility	LAC USC/Roybal Clinic
Amount to be Written Off	\$35,673.59	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in a stabbing incident. He was treated at LAC USC/Roybal Clinic at a cost of \$39,528.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 6,000.00	\$ 6,000.00	40.00%
Attorney Costs	3,436.77	3,436.77	22.91%
County of Los Angeles	39,528.00	3,854.41	25.70%
Net to Client	NA	1,708.82	11.39%
Total	\$48,964.77	\$15,000.00	100.00%

Our financial investigation reveals that the client is unemployed and is supported by his grandparents. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.126F

Amount of Aid	\$73,326.00	Account Number	12680156
Amount Paid	0.00	Name	Adult Male
Balance Due	73,326.00	Service Date	07/07/12 thru 08/14/12
Compromise Amount Offered	27,138.52	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$46,187.48	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in a motorcycle versus automobile accident. He was treated at Harbor UCLA Medical Center at a cost of \$73,326.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$88,970.15 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$35,588.00	\$35,588.00	40.00%
Attorney Costs	340.13	340.13	0.38%
City of Manhattan Beach	1,852.75	685.41	0.77%
Tolos Physical Therapy	4,050.00	1,500.81	1.69%
Zemlyak Chiropractic	601.00	224.53	0.25%
County of Los Angeles	73,326.00	27,138.52	30.50%
Net to Client	NA	23,492.75	26.41%
Total	\$115,757.88	\$88,970.15	100.00%

Our financial investigation reveals that the client is unemployed and is supported by his family. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO.126G

Amount of Aid	\$173,915.00	Account Number	12611325/12728605
Amount Paid	0.00	Name	Adult Female
Balance Due	173,915.00	Service Date	06/29/09 thru 05/20/10
Compromise Amount Offered	29,404.61	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$144,510.39	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an accident caused by a defective copper tire. She was treated at Harbor UCLA Medical Center at a cost of \$173,915.00. There was no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$115,500.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 46,200.00	\$ 46,200.00	40.00%
Attorney Costs	13,199.42	13,199.42	11.43%
Hall Ambulance	763.75	763.75	0.66%
Kern Emergency Physicians	638.00	638.00	0.55%
Kern County Medical Center	26,378.94	4,862.63	4.21%
County of Los Angeles	173,915.00	29,404.61	25.46%
Net to Client	NA	20,431.59	17.69%
Total	\$261,095.11	\$115,500.00	100.00%

Our financial investigation reveals that the client is supported by her spouse with a marginal income. She has no other source of income or tangible assets.